

11. Check one:

15b. Unitemized

17b. Unitemized

12. Reporting Period:

From: /-/-09

15a. Itemized (use Schedule A)

15c. Add lines 15a and 15b in both columns

17c. Add lines 17a and 17b in both columns

19. Debts OWED BY the committee (use Schedule D) 20. Debts OWED TO the committee (use Schedule E)

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

COMMITTEE INFORMATION

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE TO ELECT SAFFLEY HASPOLE

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

TYPE OF REPORT

CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

EXPENDITURES

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

Through: 12-31-09

4. Mailing Address (address where all campaign finance correspondence is received)

IS THIS AN AMENDMENT? Yes

1. Full Name of Committee (as on Statement of Organization)

206 HUDBON AVE.

Pre-Primary Pre-Election Annual Nomination Other

14. Cash on hand and investments January 1, current year

13. Cash on hand and investments at the beginning of this reporting period.

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C)

2. Acronym or Abbreviated Name (if any)

(CFA-4)

Sı	umma	arv	She	et

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT Check if this is a new name 3. Committee Telephone Number 812) 282-5877 Check if this is a new address 5. City, State, ZIP Code

TERRE HAUTE IN. 47 703

CANDIDATE INFORMATION (For Candidate's Committees Only)

8. Party Affiliation of 6. Party Affiliation (if applicable) REPUBLICAN 8. Party Affiliation or If Independent Candidate ARPUBLICAN 10. County of Residence Vi30 CONVENTION CANDIDATES ONLY Check one: Pre-Convention Final/Disbands Committee (lines 18, 19, and 20 must be 10") Outgoing Treasurer (within 10 days amend Statement of Organization) Post-Convention COLUMN A This Period COLUMN B Year to Date 215.35 215.35 SUBTOTAL TOTAL SUBTOTAL TOTAL 35 215.35 2/5.

CERTIFICATION				
I CERTIFY THAT HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	ORRECT AND COMPLETE			
Signature of Treasurer Title TREASURER	Date / - 20 - / 9			
Signature of Candidate (if applicable)	Date / - 20-/0			
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Saw commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)				

VIGO COUNTY SUPERIOR COURT JAN 202010

FILED

FOR OFFICE USE ONLY